



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

04 JUL 23 AM 11:15

**CANDIDATE COMMITTEE
COVER PAGE**

CARMELLA SARAGH
MACOMB COUNTY FOR OFFICIAL USE ONLY
MICHIGAN

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 1 1 04 to 7 14 04
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number 137338</p> <p>2. Committee Name Friends of Bob Gibson</p> <p>5. Committee's Mailing Address 24651 Meadow LN Harrison Twp, MI 48045 Area Code and Phone (586) 746-0483</p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p> <p>7. Treasurer's Business Address 220 Bagley, Ste 430 Detroit, MI 48226 Area Code and Phone (313) 963-3847</p>	<p>4. Candidate Last Name Gibson First Name Bob M.I. —</p> <p>4a. Office Sought Including District # or Community Served (If applicable) County Commissioner, District 18</p> <p>4b. County of Residence Macomb County</p> <p>6. Treasurer's Name & Residential Address John Freeman 28342 Dartmouth Madison Heights, MI Area Code & Phone (248) 547-9378 48071</p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Same as #6 Area Code and Phone ()</p>
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus Nov. 3 2004 Month Day Year</p>	<p>9c. <input checked="" type="checkbox"/> Annual Statement (2004 Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution Month Day Year</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p>	
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p>	
<p>Current Treasurer or Designated Record keeper John Freeman Type or Print Name</p> <p>Candidate Robert Gibson Type or Print Name</p>	<p>John Freeman Date 7 22 2004 Signature Mo Day Year</p> <p>R. Gibson Date 7 22 2004 Signature Mo Day Year</p>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137338
2. Committee Name Friends of Bob Gibson

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>9449,99</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$	<u>9449,99</u>	(20.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(21.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>9449,99</u>	(22.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1509,39</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1509,39</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	_____	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>2647,37</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>9449,99</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>9449,99</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1509,39</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>7940,60</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338
2. Committee Name Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/28/04</u> Name: <u>Abbott, Artherua</u> Address: <u>16741 Harbour, Detroit, MI 48235</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/11/04</u> Name: <u>Allison, Robert</u> Address: <u>266 Taft Court, Apt. B20, Battle Creek, MI 49914</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100 ⁰⁰	\$100 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/04</u> Name: <u>Aranson, Ronald</u> Address: <u>10524 Edgum, Huntington Woods, MI 48070</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/04</u> Name: <u>Prutera, Angela</u> Address: <u>1886 Melrose Ave, East Lansing, MI 48823</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25 ⁰⁰	\$25 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$225 ⁰⁰	

Enter this total on
line 3 of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name: Ablan, Mary Address: 131 E Jolly Rd E-4, Lansing, MI 48910 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt 04/09/04 PAC Receipt? <input type="checkbox"/> YES	\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #2 Name: Burgess, Helena Address: 654 Old Ivy Ln, Howell, MI 48843 5. If over \$100.00 cumulative, please provide: Occupation Sales Employer Computware Business Address One Campus Martius, Detroit, MI 48226 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt 04/02/04 PAC Receipt? <input type="checkbox"/> YES	\$100 ⁰⁰	\$100 ⁰⁰
3. Contribution #3 Name: Bauch, Patricia Address: 634 F Street, NE, APT 1, Washington, DC 20002 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer COM Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt 03/18/04 PAC Receipt? <input type="checkbox"/> YES	\$100⁰⁰ \$75 ⁰⁰	\$75 ⁰⁰
3. Contribution #4 Name: Bergman, Cheryl Address: 544 University, East Lansing, MI 48823 5. If over \$100.00 cumulative, please provide: Occupation Co-Director Employer Partners for Progress Business Address 110 West MI Suite 150, Lansing, MI 48933 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt 03/24/04 PAC Receipt? <input type="checkbox"/> YES	\$100 ⁰⁰	\$100 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$325 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338
2. Committee Name Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name: <u>Butt, Shelby</u> Address: <u>830 Huntington, East Lansing, MI 48823</u> 4. Date of Receipt <u>03/24/04</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$25 ⁰⁰	\$25 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Baron, Evelyn</u> Address: <u>24061 Majestic Blvd., Oak Park, MI 48237</u> 4. Date of Receipt <u>05/10/04</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$10 ⁰⁰	\$10 ⁰⁰	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Boyd, John</u> Address: <u>33136 Hampshire Rd., Livonia, MI 48154</u> 4. Date of Receipt <u>05/06/04</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$15 ⁰⁰	\$15 ⁰⁰	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Balay, Georgean</u> Address: <u>1200 Crestview Ave, Bloomfield Hills, MI 48302</u> 4. Date of Receipt <u>04/28/04</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100 ⁰⁰	\$100 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$250 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Grdak, Brian</u> Address: <u>51696 Promenade Lane, New Baltimore, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/20/04</u>	\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #2 Name: <u>Bruley, Edward</u> Address: <u>38157 Radde, Clinton Twp, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/21/04</u>	\$200 ⁰⁰	\$200 ⁰⁰
3. Contribution # 3 Name: <u>Bonier, David</u> Address: <u>52 Belview St, Mt. Clemens, MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Wayne State University</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/21/04</u>	\$250 ⁰⁰	\$250 ⁰⁰
3. Contribution # 4 Name: <u>Bahar, Rebecca</u> Address: <u>525 Westmoreland, Lansing, MI 48915</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/18/04</u>	\$50 ⁰⁰	\$50 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$550 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338
2. Committee Name Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>03/24/04</u>		
Name: <u>Margery Canady, Margee</u>					
Address: <u>16980 Black Walnut Ln, East Lansing, MI 48823</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>03/21/04</u>		
Name: <u>Chapman, Amy</u>					
Address: <u>28342 Dartmouth St, Madison Heights, MI 48071</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation <u>Union Organizer</u> Employer <u>Grassroots Democrats</u>					
Business Address <u>1275 K Street NW Suite 600 Washington, DC 20005</u>					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>02-25-04</u>		
Name: <u>Callaghan, Dale</u>					
Address: <u>1968 South Kellogg, Genoa Twp, MI 48843</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation <u>Builder</u> Employer <u>Self-employed</u>					
Business Address <u>1968 South Kellogg, Genoa Twp, MI 48843</u>					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>02-26-04</u>		
Name: <u>Callaghan, Brian</u>					
Address: <u>1441 Humboldt Apt. 304, Denver, CO 80218</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation <u>Sales</u> Employer <u>Pyerson Tool</u>					
Business Address <u>6600 Highway 85, Commerce City, CO 80022</u>					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
Page Subtotal					
Grand Total of All Schedules 1A (Complete on last page of Schedule)					
				<u>\$750.00</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338
2. Committee Name Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03-16-04</u> Name: <u>Cavanagh, Jackie</u> Address: <u>9081 Fausett, Ferndale, MI 48430</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/24/04</u> Name: <u>Caswell, Kristen</u> Address: <u>721 N Capital Apt. 1, Lansing MI 48906</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/14/04</u> Name: <u>Dubue, Donald</u> Address: <u>2951 Pleasant Valley Rd, Brighton, MI 48114</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25 ⁰⁰	\$25 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/04</u> Name: <u>Dwight, William</u> Address: <u>4687 Lockart St, West Bloomfield, MI 48323</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Physical Therapist</u> Employer <u>Dwight Orthopedic Rehab</u> Business Address <u>1432 E. 12 mile, Madison Heights, MI 48071</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$250 ⁰⁰	\$250 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$375 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution #	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name: <u>Elsula, David</u> Address: <u>1411 Three Mile Dr, Grosse Pointe Park, MI 48230</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>04/28/04</u>	\$25 ⁰⁰	\$25 ⁰⁰
3. Contribution #2 Name: <u>Farr, Heather</u> Address: <u>220 Custer Ave, Lansing, MI 48912</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>03/24/04</u>	\$25 ⁰⁰	\$25 ⁰⁰
3. Contribution #3 Name: <u>Flynn, Joy</u> Address: <u>2425 Starr #607 Royal Oak, MI 4803</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Development Coordinator</u> Employer <u>ACCESS</u> Business Address <u>2651 Sawlino Ct, Dearborn, MI 48120</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>02-20-04</u>	\$225 ⁰⁰	\$225 ⁰⁰
3. Contribution #4 Name: <u>Fournier, Jim</u> Address: <u>39001 Howell, Livonia, MI 48154</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>03-06-04</u>	\$50 ⁰⁰	\$50 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)			\$325 ⁰⁰	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02-20-04</u> Name: <u>Flynn, Faith</u> Address: <u>441 E. Erie Apt. 2607, Chicago, IL 60611</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>Radiation Therapist</u> Employer: <u>Northwestern Hospital</u> Business Address: <u>201 E. Huron Chicago, IL 60611</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100 ⁰⁰	\$100 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/24/04</u> Name: <u>Flynn, Jethro</u> Address: <u>2057 Tuscola, Flint, MI 48504</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>Engineer</u> Employer: <u>GM</u> Business Address: <u>100 Renaissance Center, Detroit, MI 48243</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100 ⁰⁰	\$100 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03-01-04</u> Name: <u>Freeman, John</u> Address: <u>28342 Cartmuth, Madison Heights, MI 48071</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>Consultant</u> Employer: <u>SF14</u> Business Address: <u>220 Bagley Suite 430, Detroit, MI 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$500 ⁰⁰	\$500 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/20/04</u> Name: <u>Fernberg, Daniel</u> Address: <u>1145 Ramsgate, Apt. 7, Flint, MI 48532</u> 5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25 ⁰⁰	\$25 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$725 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution #	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: Fox, mark Address: 1800 Yobemule Dr, Okemos, MI 48864 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		03/20/04	\$25 ⁰⁰	\$25 ⁰⁰
3. Contribution # 2 Name: Gaffney, mark Address: 419 S Washington Square, Lansing, MI 48933 5. If over \$100.00 cumulative, please provide: Occupation President Employer Michigan AFL-CIO Business Address 419 Washington Square, Lansing, MI 48933 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		03/25/04	\$200 ⁰⁰	\$200 ⁰⁰
3. Contribution # 3 Name: Gaup, Steve Address: 37858 Sunnybrook, Hamson Twp, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation rehired Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		03/21/04	\$150 ⁰⁰	\$150 ⁰⁰
3. Contribution # 4 Name: Gendreau, mimi Address: 61933 Spring Arde Trail, Washington, MI 48094 5. If over \$100.00 cumulative, please provide: Occupation attorney Employer E60c Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		05/23/04	\$150 ⁰⁰	\$150 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)			\$525 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution # 1 Name: <u>Gibson, Jane</u> Address: <u>12575 Swann Farm Ln, Brighton, MI 48114</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Dental Assistant</u> Employer <u>Dr. Giragosian</u> Business Address <u>35401 West 12 Mile, Farmington Hill, MI 48331</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser <th>4. Date of Receipt <u>03/21/04</u><th>6. Amount <u>\$500⁰⁰</u><th>7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) <u>\$500⁰⁰</u></th></th></th>	4. Date of Receipt <u>03/21/04</u> <th>6. Amount <u>\$500⁰⁰</u><th>7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) <u>\$500⁰⁰</u></th></th>	6. Amount <u>\$500⁰⁰</u> <th>7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) <u>\$500⁰⁰</u></th>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) <u>\$500⁰⁰</u>
3. Contribution #2 Name: <u>Gibson, Trevor</u> Address: <u>12575 Swann Farm Ln, Brighton, MI 48114</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Pharmaceutical Rep</u> Employer <u>Heath Point</u> Business Address <u>12575 Swann Farm Ln, Brighton, MI 48114</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>04/10/04</u>	<u>\$150⁰⁰</u>	<u>\$150⁰⁰</u>
3. Contribution #3 Name: <u>Glynn, Susan</u> Address: <u>1375 E. Twinbrook Dr, Dewitt, MI 48820</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>03/23/04</u>	<u>\$25⁰⁰</u>	<u>\$25⁰⁰</u>
3. Contribution #4 Name: <u>Graim, Richard</u> Address: <u>801 E. Tyrell Rd, Bancroft, MI 48414</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>04/01/04</u>	<u>\$50⁰⁰</u>	<u>\$50⁰⁰</u>
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		<u>\$725⁰⁰</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 03-07-04

Name: Gibson, Robert III

Address: 12575 Swann Farm Ln, Brighton, MI 48114

5. If over \$100.00 cumulative, please provide:

Occupation Do Surker Employer AAM

Business Address 1840 Holbrook Ave, Detroit, MI 48212

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$300⁰⁰

\$300⁰⁰

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 03-10-04

Name: Gibson, Tom

Address: 18728 Canterbury, Livonia, MI 48152

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$50⁰⁰

\$50⁰⁰

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 03-11-04

Name: Gibson, Bob IV

Address: 24651 Meadow Ln Hamison, Twp, MI 48045

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$50⁰⁰

\$50⁰⁰

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 03-13-04

Name: Gibson, Robert II

Address: 29459 Oakley, Livonia, MI 48154

5. If over \$100.00 cumulative, please provide:

Occupation retired Employer —

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$100⁰⁰

\$100⁰⁰

Page Subtotal

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$500⁰⁰



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/27/04</u> Name: <u>Green, Teena</u> Address: <u>28282 Harwich, Farmington Hills, MI 48334</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$15 ⁰⁰	\$15 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/04</u> Name: <u>Green, David</u> Address: <u>28282 Harwich, Farmington Hills, MI 48334</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$500 ⁰⁰	\$500 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/11/04</u> Name: <u>Green, Bernard</u> Address: <u>1262 N Linden Rd., Flint, MI 48532</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/03/04</u> Name: <u>Grueshaber, mei</u> Address: <u>2827 Oakdale Dr, Ann Arbor, MI 48108</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Union Officer</u> Employer <u>Corrections Officers Association of MI</u> Business Address <u>417 W Kalamazoo, Lansing, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100 ⁰⁰	\$100 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$665 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/04</u> Name: <u>Goode, Selma</u> Address: <u>8840 Redbankale, Detroit, MI 48239</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$20 ⁰⁰	\$20 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/04</u> Name: <u>Gudene, Amanda</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/23/04</u> Name: <u>Herzig, Walter</u> Address: <u>320 Stratford, Ferndale, MI 48220</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100 ⁰⁰	\$100 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/04</u> Name: <u>Hoffman, Catherine</u> Address: <u>6017 Grace K, Waterford, MI 48329</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$10 ⁰⁰	\$10 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$180 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 03/31/04

Name: Horvath, Shannon

Address: 1004 West Barnes Ave, Lansing, MI 48910

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$25⁰⁰

\$25⁰⁰

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 05/14/04

Name: Jacobs, James

Address: 1017 Balfour, Grosse Pointe, MI 48230

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$50⁰⁰

\$50⁰⁰

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 04-02-04

Name: Jones, Camie

Address: 619 Charles St, East Lansing, MI 48823

5. If over \$100.00 cumulative, please provide:

Occupation Fundraiser Employer Granholm for Governor

Business Address 110 West MI Suite 1030 Lansing MI 48933

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$100⁰⁰

\$100⁰⁰

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 04-15-04

Name: Johnstone, Laura

Address: 2387 West Delhi, Ann Arbor, MI 48103

5. If over \$100.00 cumulative, please provide:

Occupation Internat. Rep. Employer SSIU

Business Address 220 Bagley Suite 530 Delphi, MI 48826

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$100⁰⁰

\$100⁰⁰

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$275⁰⁰



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/24/04</u> Name: <u>Kaltenbach, Melissa</u> Address: <u>512 Bartlett St, Lansing, MI 48915</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25 ⁰⁰	\$25 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/06/04</u> Name: <u>Kaltz, Darlene</u> Address: <u>3079 22 Terra Mar, Hamson Twp, MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>business consultant</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$300 ⁰⁰	\$300 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/25/04</u> Name: <u>Kampa, Karen</u> Address: <u>407 A Sheeth NE, Washington, DC 20002</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25 ⁰⁰	\$25 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/04</u> Name: <u>Kaufman, Herbert</u> Address: <u>32287 Spruce Ln, Beverly Hills MI 48025</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25 ⁰⁰	\$25 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$375 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338

2. Committee Name Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/04</u> Name: <u>Klan, Bernard</u> Address: <u>27528 Echo Valley, Farmington Hills, MI 48334</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25 ⁰⁰	\$25 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04-03-04</u> Name: <u>Howard, Jeff</u> Address: <u>14781 Rosemary St, Detroit, MI 48213</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Interphond Rep</u> Employer <u>SEIU</u> Business Address <u>220 Bagley Suite 530, Detroit, MI 48226</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$200 ⁰⁰	\$200 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/24/04</u> Name: <u>Lenard, Tom</u> Address: <u>6247 Endenhall Way, NB, East Lansing, MI 48823</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25 ⁰⁰	\$25 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/19/04</u> Name: <u>Lewis, Theresa</u> Address: <u>182 Brunswick Blvd, Buffalo, NY 14208</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Employment Counselor</u> Employer <u>Urban League</u> Business Address <u>155 Genesee St, Buffalo NY 14203</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100 ⁰⁰	\$100 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$350 ⁰⁰	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution #	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Leung, Vivian</u> Address: <u>1845 Pine Knoll, Okemos, MI 48864</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Co-Director</u> Employer <u>Partners for Progress</u> Business Address <u>110 West My Suite 150, Lansing, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>03-27-04</u>	\$100 ⁰⁰	\$100 ⁰⁰
3. Contribution # 2 Name: <u>McCall, Jessica</u> Address: <u>28590 Green Willow St, Farmington Hills, MI 48331</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>03/24/04</u>	\$25 ⁰⁰	\$25 ⁰⁰
3. Contribution # 3 Name: <u>Mason, Carole</u> Address: <u>43772 Antietam, Canton, MI 48188</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>04-15-04</u>	\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution # 4 Name: <u>Milech, Caryl</u> Address: <u>42909 Richmond Dr, Sterling Heights, MI 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Job Setter</u> Employer <u>Visteon</u> Business Address <u>17000 Rotunda, Dearborn, MI 48120</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>03-27-04</u>	\$100 ⁰⁰	\$100 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)			\$275 ⁰⁰	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338
2. Committee Name Mend & Robinson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/08/04</u> Name: <u>Meadows, Sharon</u> Address: <u>14388 Harbor Island, Detroit, MI 48215</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$20 ⁰⁰	\$20 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/04</u> Name: <u>Mistak, Jessica</u> Address: <u>9925 Arden, Livonia, MI 48150</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/21/04</u> Name: <u>Mrowe, Marian</u> Address: <u>17190 Michigan Hgts Dr, Brownstown Twp, MI 48174</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Finance Dept.</u> Employer <u>ACCESS</u> Business Address <u>2651 Saulino Ct, Dearborn, MI 48120</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$500 ⁰⁰	\$500 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/02/04</u> Name: <u>Mutch, Lindsay</u> Address: <u>24541 Hampton Ct, Novi, MI 48375</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25 ⁰⁰	\$25 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$595 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 03-01-04

Name: Laurain, Beth

Address: 42909 Richmond Dr, Sterling Heights, MI 48333

5. If over \$100.00 cumulative, please provide:

Occupation: Oral Surgeon Assistant Employer: Hunnighan Group

Business Address: 26125 Woodward Ave, Hunnighan Woods

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$100⁰⁰

\$100⁰⁰

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 05/09/04

Name: O'Bryan, William David

Address: 21465 Atlanta, Warren, MI 48091

5. If over \$100.00 cumulative, please provide:

Occupation: Employer:

Business Address:

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$50⁰⁰

\$50⁰⁰

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 05/14/04

Name: Olson, Richard

Address: 1021 Nottingham, Grosse Pointe Park, MI 48330

5. If over \$100.00 cumulative, please provide:

Occupation: Employer:

Business Address:

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$25⁰⁰

\$25⁰⁰

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 04/24/04

Name: Piscal, Oscar

Address: 2916 Seminole, Detroit, MI 48214

5. If over \$100.00 cumulative, please provide:

Occupation: Employer:

Business Address:

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$50⁰⁰

\$50⁰⁰

Page Subtotal
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(Complete on last page of Schedule)

\$225⁰⁰



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1

PAC Receipt? ☐ YES

4. Date of Receipt 05/14/04

Name: Perrin, Eugene

Address: 4105 Arroyo, Detroit, MI 48208

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

\$20.00

\$20.00

3. Contribution # 2

PAC Receipt? ☐ YES

4. Date of Receipt 04/02/04

Name: Peterson, William

Address: 39925 South Pointe, Hamtramck, MI 48045

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

\$100.00

\$100.00

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt 04/18/04

Name: Puntlik, Edward

Address: 1367 Creek View Ct, West Bloomfield, MI 48322

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

\$5.00

\$5.00

3. Contribution # 4

PAC Receipt? ☐ YES

4. Date of Receipt 03/22/04

Name: Pitts, Khala

Address: 1437 Rhode Island Ave Northwest, Washington, DC 20005

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

\$50.00

\$50.00

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$175.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Menas & Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Reck, Stephen</u> Address: <u>2808 Averhill Dr., Lansing</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/28/04</u>	\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #2 Name: <u>Reutte, John</u> Address: <u>919 Wick Court, East Lansing, MI 48823</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/28/04</u>	\$10 ⁰⁰	\$10 ⁰⁰
3. Contribution # 3 Name: <u>Robinson, Roger</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation <u>printer</u> Employer <u>self-employed</u> Business Address <u>7616 Oakland St, Detroit, MI 48211</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/11/04</u>	\$500 ⁰⁰	\$500 ⁰⁰
3. Contribution # 4 Name: <u>Samberg, Helen</u> Address: <u>3078 Shunkers Dr APT 23, Farmington Hills, MI 48334</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/04</u>	\$20 ⁰⁰	\$20 ⁰⁰

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\$580⁰⁰

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338
2. Committee Name Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/25/04</u> Name: <u>Seldenright, Paul</u> Address: <u>1218 Red Polo Dr, Delwas, MI 48820</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25 ⁰⁰	\$25 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/15/04</u> Name: <u>Senwa, Stephanie</u> Address: <u>22432 Friesland, Saint Clair Shores, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25 ⁰⁰	\$25 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/24/04</u> Name: <u>Smith, Brigham</u> Address: <u>314 Memphis, Lansing, MI 48915</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/23/04</u> Name: <u>Singh, Pamela</u> Address: <u>5514 Colys Dr, Rochester, MI 48306</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>educator</u> Employer <u>Rochester Public Schools</u> Business Address: <u>501 W University, Rochester, MI 48307</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100 ⁰⁰	\$100 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$200 ⁰⁰	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends & BO of Olson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/24/04</u> Name: <u>Sortman, Melissa</u> Address: <u>4825 Thurlby, Mason, MI 48854</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/24/04</u> Name: <u>Stark, Lisa</u> Address: <u>2567 Alden Cr, West Bloomfield, MI 48324</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25 ⁰⁰	\$25 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/24/04</u> Name: <u>Stitt, Amanda</u> Address: <u>1214 Blanchard Ave, Flint, MI 48503</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Field Coordinator</u> Employer <u>Granholm for Governor</u> Business Address <u>110 West MI, Suite 1030, Lansing, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$100 ⁰⁰	\$100 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/04</u> Name: <u>Stackes, Harold</u> Address: <u>26345 W Seven Mile #226, Redford, MI 48240</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$10 ⁰⁰	\$10 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$185 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/27/04

Name: Storm

Address: 19137 Starlane, Southfield, MI 48075

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$25⁰⁰

\$25⁰⁰

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 02-25-04

Name: Saban, Mitchell

Address: 785 Old Mulford Farms, Mulford, MI 48880

5. If over \$100.00 cumulative, please provide:

Occupation retired Employer -

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$100⁰⁰

\$100⁰⁰

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 02/10/04

Name: Jim Syke

Address: 1845 Pine Knoll, Okemos, MI 48864

5. If over \$100.00 cumulative, please provide:

Occupation Coordinated Campaign Director Employer MI Democratic Party

Business Address 419 South Washington Square, Lansing, MI 48933

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$99⁹⁹

\$199⁹⁹

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 03/22/04

Name: Thompson, Philip

Address: 1026 E Michigan, Lansing, MI 48912

5. If over \$100.00 cumulative, please provide:

Occupation Executive V.P. Employer SEIU Local 517m

Business Address 1026 E. Michigan, Lansing, MI 48912

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

\$100⁰⁰

\$100⁰⁰

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\$124⁹⁹

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/26/04</u> Name: <u>Troutman, Chreda</u> Address: <u>3504 Beniteau St, Detroit, MI 48214</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$30 ⁰⁰	\$30 ⁰⁰
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02-18-04</u> Name: <u>Thompson, Vaughn</u> Address: <u>6416 Lake Dr. Haslet, MI 48840</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$50 ⁰⁰	\$50 ⁰⁰
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/15/04</u> Name: <u>Vaghozzi, Aldo</u> Address: <u>26193 Kutarlan Farmington Hills, MI 48334</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$25 ⁰⁰	\$25 ⁰⁰
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/19/04</u> Name: <u>Vatennine, Karen</u> Address: <u>31243 Fairfax Ave, Beverly Hills, MI 48025</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$25 ⁰⁰	\$25 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$130 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Trends & Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/04</u> Name: <u>Vance, Brigitta</u> Address: <u>6168 Balmoral Terr, Clarksbn, MI 48346</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$20 ⁰⁰	\$20 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02-27-04</u> Name: <u>Watson, Jim</u> Address: <u>13924 Jackson Cr, Plymouth, MI 48107</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/24/04</u> Name: <u>Ward, Lippie</u> Address: <u>346 Marshall St, East Lansing, MI 48823</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50 ⁰⁰	\$50 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/24/04</u> Name: <u>Weessler, Jody</u> Address: <u>620 S. Spangore St #1, Lansing, MI 48933</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$25	\$25 ⁰⁰

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\$145⁰⁰

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/11/04</u></p> <p>Name: <u>Wells, Maranna</u></p> <p>Address: <u>4830 Marcella, Shelby Twp, MI 48317</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$25 ⁰⁰	\$25 ⁰⁰
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/04</u></p> <p>Name: <u>Wulford, Erik</u></p> <p>Address: <u>1710 Peggy Pl., Lansing, MI 48910</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$25 ⁰⁰	\$25 ⁰⁰
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/24/04</u></p> <p>Name: <u>Williams, Bradley</u></p> <p>Address: <u>1738 Burckham, East Lansing, MI 48823</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$25 ⁰⁰	\$25 ⁰⁰
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$75 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Unity Credit Union</u> Address <u>7240 E. 12 mile Rd.</u> <u>Warren, MI 48092</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Credit Union Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/19/04</u>	<u>\$10⁰⁰</u>
Expenditure #2 Name <u>Robinson Photography</u> Address <u>64 New Street</u> <u>Mt. Clemens, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Candidate Photos</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/19/04</u>	<u>\$121.90</u>
Expenditure #3 Name <u>Postmaster</u> Address <u>Mt. Clemens</u> <u>MI 48046-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bulk Rate Permit</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/04</u>	<u>\$300⁰⁰</u>
Expenditure #4 Name <u>Practical Political Consulting</u> Address <u>220 Albert Ave.</u> <u>P.O. Box 6249</u> <u>East Lansing, MI 48826</u> <input type="checkbox"/> Fund Raiser	Purpose: <u> voter information</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/23/04</u>	<u>\$300⁰⁰</u>
Expenditure #5 Name <u>United States Postal Service</u> Address <u>Mt. Clemens</u> <u>MI 48046-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/03/04</u>	<u>\$92⁰⁰</u>

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\$823.90

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Unity Credit Union</u> Address <u>7240 E. 12 mile Rd.</u> <u>Warren, MI 48092</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>credit union fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/04</u>	<u>\$9.15</u>
Expenditure #2 Name <u>US Postal Service</u> Address <u>Mt. Clemens</u> <u>MI 48046-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/10/04</u>	<u>\$115.00</u>
Expenditure #3 Name <u>US Postal Service</u> Address <u>Mt. Clemens</u> <u>MI 48046-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/09/04</u>	<u>\$415.00</u>
Expenditure #4 Name <u>US Postal Service</u> Address <u>Mt. Clemens</u> <u>MI 48046-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/04</u>	<u>\$144.34</u>
Expenditure #5 Name <u>Unity Credit Union</u> Address <u>7240 E. 12 mile Rd.</u> <u>Warren, MI 48092</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>credit union fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/04</u>	<u>\$2.00</u>

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Grand Total of all Schedules 1B
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\$ 685.49
\$ 1509.39

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number

137 338

2. Committee Name

Friends of Bob Gibson

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Am. Graphics Printing Co.</u> <u>34895 Groesbeck</u> <u>Clinton Twp, MI 48035</u>	4. Type: <u>printing</u> 5. <u>Date Debt Was Incurred:</u> <u>05/04/19/04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2647.37</u>	<u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u>	\$ <u> </u>	\$ <u> </u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u>	\$ _____	_____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u>	_____	_____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total
on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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